



IAP15 Rec'd PCT/PTO 05 SEP 2006

Attorney Docket No. 1093-161 PCT/US

In this Application of: Achim Hansen

Serial No.: 10/589,178

Confirmation No.: Unassigned

Filed: August 11, 2006

For: Object of Value Comprising a Moire Pattern

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

I hereby certify this correspondence is being deposited
with the United States Postal Service as first class mail,
postpaid in an envelope, addressed to:

Commissioner for Patents, P.O. Box 1450
Alexandria, Virginia 22313-1450

on August 30, 2006Signature: Michelle Flaherty

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 30	MINUS	** 20	= 10
INDEP.	* 2	MINUS	*** 3	= 0

SMALL ENTITY

RATE	ADDL. FEE
x 25=	\$
x 100=	\$
x 180=	\$
TOTAL	\$ 0.00

OR

OTHER THAN A
SMALL ENTITY

RATE	ADDL. FEE
x 50=	\$500.00
x 200=	\$
x 360=	\$
TOTAL	\$ 500.00

09/07/2006 LLANDGRA 00000037 082461 10589178

01 FC:1615 500.00 DA

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☒ Please charge my Deposit Account No. 08-2461 in the amount of \$500.00. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$_____ is attached.
- ☒ The Commissioner is hereby authorized to charge any fees or additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2461. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.

HOFFMANN & BARON, LLP
6900 Jericho Turnpike
Syosset, NY 11791
(516) 822-3550

Respectfully submitted,

Kevin E. McDermott
Registration No. 35,946



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Achim HANSEN	Examiner	: Unassigned
Serial No.	: 10/589,178	Art Unit	: Unassigned
Confirm. No.	: Unassigned	Docket No.	: 1093-161 PCT/US
Filing Date	: August 11, 2006	Dated	: August 30, 2006
Title	: OBJECT OF VALUE COMPRISING A MOIRE PATTERN		

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SUPPLEMENTAL PRELIMINARY AMENDMENT

Sir:

The Applicant by this Supplemental Preliminary Amendment hereby amends the above-referenced application so that it is in proper form for examination.

Amendments to the Claims are reflected in the Listing of the Claims which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.